FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F07800

(8)

ROYAL MEATH, INC.

	FILED
Jul 21	1997 8:00am
Secr	etary of State

Principal Place of Business Mailing Address 11405-1\$T STREET EAST 610 RENI RICKART TREASURE ISLAND FL 33706 157 TREASURE ISLAND IUS			Kart E island G			3. Date Incorporated or Qualified 3a. Date of Last Roport			
		03				12/04/1980	02/13/1996	report	
	Principal Place of Business 28. Mailing Address							pplied For	
21 26 26 26 27 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28				59-2043162			Not Applicable		
22	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired Fee Required			
City & Sta	ity & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Zip Country Zip 25 29		(ip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Curre	nt Registered Age	nt			10. Name and Address of New Re	gistered Agent		
O'R	EILLY, NUALA			81	Name				
				82	82 Street Address (P.O. Box Number is Not Acceptable)				
TRE				83					
				84					
					City	•	FL 85 Zip	Code	
office or agent. It	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or product name of registered age					poration submits this statement for the ation's board of directors. I hereby acce	pt the appointment a	s registered	
12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI			
TITLE	P	L] DELETE	1.1 TITL f .			Change	Addition	
NAME	O'REILLY, NUALA 11405-1ST ST E			1.2 NAME					
STREET ADDRESS	TREASURE ISLAND FL			1.3 STREET					
CITY-ST-ZIP TITLE	S		DELETE	1.4 CITY-S 2.1 TITLE	1 - ZIP		Change	☐ Addition	
NAME	O'REILLY, EIMER	L.	JOECCIE	2.2 NAME		1 P	Change		
STREET ADORESS	444AF 46F 6F F			2 3 STREET	ADDRESS	•			
CITY-ST-ZIP	TREASURE ISLAND FL			2. 4 CITY - S		;			
TITLE	AS		DELETE	3.1 TITLE			Change	Addition	
NAME	MCNULTY, GEORGIA M.			3.2 NAME	,	•			
STREET ADORESS	11118- 102ND WAY NORTH			3 3 STREET	ADDRESS				
CITY-ST-ZIP	SEMINOLE FL			3.4 CITY-S	T - 7H1		<u></u> ;		
TITLE			DELETE	4.1 TITLE			Change	Addition	
NAME				4. 2 NAME			•		
STREET ADDRESS				4.3 STREFT					
CITY-ST-ZIP			LOGICAL	4.4 CITY - S	I-ZIP		T 04	(Adams -	
TITLE		L] DELETE	5.1 TITLE			☐ Charige	Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ACSTREE				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CHY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNAS WAS PROBLEMENT

DELE1E

Chalan